AFFORDABLE CARE ACT
MASSACHUSETTS IMPLEMENTATION UPDATE

July 2, 2012

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant and Demonstration Announcements

Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchanges, §1311. Announced June 29, 2012. Funds will help states continue work to establish exchanges. Ten additional opportunities for States to apply for Level One and/or Level Two funding were announced under the new funding opportunity announcement. States can use funds to: establish a state-based exchange, state partnership exchange, or to prepare state systems for a federally facilitated exchange. To date, 34 states and the District of Columbia have received approximately $850 million in Exchange Establishment Level One and Level Two cooperative agreements to fund their progress toward building exchanges. Massachusetts received a Level One award of $11,644,938 on February 22, 2012. Under the new announcement, states can apply for exchange establishment cooperative agreements through the end of 2014. These funds are available for states to use beyond 2014 as they continue to work on their exchanges. The guidance HHS issued today provides information on the exchange-building activities that states can fund with establishment cooperative agreements.

Multiple opportunities to apply; the final deadline is in October 2014.

Read the funding announcement at: Grants

Read the press release at:
http://www.hhs.gov/news/press/2012pres/06/20120629a.html

Read the FAQ's at:
http://cciio.cms.gov/resources/factsheets/hie-est-grant-faq-06292012.html

Cooperative Agreements for Prescription Drug Monitoring Program (PDMP) Electronic Health Record (EHR) Integration and Interoperability Expansion, §4002. Announced June 29, 2012. Funding is available to states for the enhancement of the PDMP by integrating it into EHR and other health information technology systems. Offices of the Chief Executive (e.g., Governor) in states and territories are eligible to apply. The PDMP collects and analyzes data from pharmacies and dispensing practitioners to reduce the abuse of controlled prescription drugs. This initiative seeks to improve real-time access to PDMP data and to provide resources to enhance the interoperability of the PDMP. States applying for funding must have enacted legislation or regulations that authorize the following: implementation of a state PDMP; imposition of penalties for unauthorized use of information maintained in the program; and the ability to share de-identified PDMP data with the CDC.
Applications are due July 31, 2012.

The announcement can be viewed at: SAMHSA.gov

National Public Health Improvement Initiative (NPHII)-Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance, §4002. Announced June 26, 2012. This project is a supplement of the previously funded CDC grant, *Strengthen and Improve the Nation's Public Health Capacity through National, Non-Profit, Professional Public Health Organizations to Increase Health Protection and Health Equity*. This supplement will provide eligible state, tribal, local and territorial (STLT) health departments available capacity building assistance (CBA) that will improve public health infrastructure investment planning, coordination, implementation, evaluation, and dissemination of evidence based practices. The supplement supports STLT health departments in their efforts to ensure improvements in the public health infrastructure so that they are prepared for responding to both acute and chronic threats relating to the Nation's health such as emerging infections, disparities in health status, and increases in chronic disease and injury rates. There are 7 parts to this funding announcement; each with a range of award funding information.
Applications are due July 27, 2012.

The announcement can be viewed at: Grants.gov

Emergency Medical Services for Children (EMSC) State Partnership Grant Program, §5603. Announced June 27, 2012. Funding is available to states to help improve and expand upon their ability to reduce pediatric emergencies. State governments and accredited schools of medicine are eligible to apply. States may apply for one of the following funding categories: Planning, Implementation, or Partnership. Planning grants are designed for states or medical schools that have not previously received funding through EMSC and are not ready to implement a full-scale project to address the improvement of the state's emergency medical services system for children. Implementation grants are designed for states that have received an EMSC planning grant and can implement a full-scale project. State Partnership grants are designed to help states integrate research-based knowledge and state-of-the-art systems into existing healthcare systems. $7.4M in 59 awards is available.
Applications are due September 26, 2012.

The announcement can be viewed at: HRSA

National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People

at High Risk, §4002. Announced June 22, 2012. Funding is available to expand the National Diabetes Prevention Program, a public-private partnership that works towards prevention or delaying the onset of type 2 diabetes. Eligible applicants include: for profit, non-profit and faith based organizations; and Indian and Native American tribal governments. This program will help create an evidence-based lifestyle change program for type 2 diabetes. In addition, funding will be available to recruit and train lifestyle coaches and to educate employers and health insurance companies on the benefits of the lifestyle change program. Applicants should also demonstrate the sustainability of the program without government funding by securing reimbursement from health insurance companies through a pay-for-performance model. $6M in 8 awards is available.

Applications are due July 31, 2012.

The announcement can be viewed at: Grants.gov

Grant Activity

June 27, 2012 the Department of Public Health submitted an application to the CDC for an Immunization Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance grant under §4002 of the ACA. Funding is available for projects that improve the efficiency, effectiveness and/or quality of immunization infrastructure and performance. CMS is funding 9 different program areas of which Massachusetts is eligible for five of them. DPH applied in Program Area 5; to improve vaccine management, storage and handling at the provider and grantee level. If awarded, DPH will use the funds to conduct a provider education campaign focused on vaccine storage and handling as well as implement new policies on how vaccinations are stored and refrigerated to ensure efficacy and minimize waste.

The project narrative can be viewed on our website under the Grants and Demonstrations section at: http://www.mass.gov/eohhs/docs/eohhs/healthcare-reform/grants/120627-sec-4002-project-narrative.pdf

News

6/28/12 In a 5-to-4 decision, the U.S. Supreme Court voted to uphold nearly all of the ACA. According to the ruling, the "judgment is affirmed in part and reversed in part." The Court rejected the challenge to the constitutionality of the individual mandate but held that the ACA requirement that states expand Medicaid or lose all of their Medicaid funding violated the Constitution. All other provisions of the ACA remain law.

The Court found that the law's individual mandate that almost all Americans buy health insurance is constitutional because the court considers the penalty on people who do not buy health insurance to be a tax, and therefore is something that Congress can impose using its constitutional taxing power. Because the mandate was upheld, the Court did not need to decide what other parts of the statute were constitutional.

The Court looked at the Medicaid provision that required states to comply with new eligibility requirements for Medicaid or risk losing their funding. As written in the ACA, if a state did not expand their Medicaid programs to everyone up to 133% FPL, the HHS Secretary had the authority to withdraw all federal funding from the state's Medicaid program. The Supreme Court held that the HHS Secretary's power to punish non-expanding states by de-funding their pre-existing Medicaid programs was unconstitutionally coercive because the expansion

fundamentally alters the nature of the program. In most states Medicaid is currently a program for medically needy individuals. The Court wrote that the ACA expansion of the program to childless adults would turn Medicaid into a program for all needy individuals, not just medically needy individuals, and that changed the kind of program the states are required to run, not just the degree of coverage the states are required to provide. The Court's remedy was to prevent HHS from withdrawing pre-ACA Medicaid funding from states that refuse to expand (states could only lose new funds if they didn't comply with the new requirements), making expansion voluntary for the states and leaving states that want to expand free to do so.

The lawsuit challenging the ACA was brought by The National Federation of Independent Business (NFIB) and 26 states including: Alabama, Alaska, Arizona, Colorado, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Nebraska, Nevada, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Washington, Wisconsin and Wyoming. In March, the Court heard over six hours of oral arguments in the case.

Read the opinion at: http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf

6/25/12 The U.S. Preventive Services Task Force (USPSTF) is recommending that primary care physicians screen all adults for obesity and, for patients with a body mass index (BMI) of 30 or higher, offer counseling or refer the patient to a comprehensive weight loss and behavior management program designed to improve and maintain healthy lifestyle changes. The USPSTF is an independent panel of non-federal government experts that conduct reviews of scientific evidence of preventive health care services. The USPSTF then develops and publishes recommendations for primary care clinicians and health systems in the form of recommendation statements. As part of their recommendations process, the USPSTF will assign definitions to the services they review based on the certainty that a patient will receive a substantial benefit from receiving the benefit. Services that are graded "A" and "B" are highly recommended and the USPSTF believes there is a high certainty that patient will receive a substantial or moderate benefit.

Under §1001 of the ACA, all of the recommended services receiving grades of "A" or "B" must be provided without cost-sharing when delivered by an in-network health insurance provider in the plan years (or, in the individual market, policy years) that begin on or after September 23, 2010. The USPSTF has assigned a "B" rating for the obesity screening and intervention recommendation.

The USPSTF also released a recommendation that, for people who have low risk for heart disease, counseling to encourage healthy lifestyle choices, such as a healthful diet and physical activity, offers only small benefits in reducing the risk for cardiovascular disease. The Task Force gave counseling a grade "C" recommendation which means that a benefit should be offered selectively, in this case, counseling may be beneficial to some people, depending on their individual risk factors, including known cardiovascular disease, high blood pressure, and high cholesterol. The USPSTF notes that grade "C" recommendations offer only moderate certainty that a patient will receive a benefit and that these services should only be offered if there is other evidence to support offering it.

Read more about the obesity screening recommendation at:
http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm

Learn more about the behavioral counseling and cardiovascular disease recommendation at:
http://www.uspreventiveservicestaskforce.org/uspstf/uspsdiet.htm

Learn more about the USPSTF and the ACA at:

http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html

6/25/12 The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health held their sixth meeting at HHS in Washington, DC.
View the meeting agenda at: Healthcare

The Advisory Group met to discuss the National Prevention Council Action Plan, to review the Group's Draft Second Report, and to discuss a draft letter to the IRS.

The **Advisory Group,** created by President Obama in January 2011 (as required by the ACA), provides guidance to members of the **National Prevention, Health Promotion, and Public Health Council. The Council** was created by President Obamain June 2010, as required by §4001 of the ACA, to develop a National Prevention Strategy and provide coordination and leadership at the federal level and among all executive departments and agencies with respect to prevention, wellness and health promotion practices.
More information on the National Prevention Council can be found at:
http://www.healthcare.gov/prevention/nphpphc/index.html

The **National Prevention Council Action Plan**, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life, was announced in June 2012 by members of the National Prevention Council, including HHS Secretary Kathleen Sebelius, Surgeon General Regina Benjamin (Council Chair) and Domestic Policy Council Director Melody Barnes.

The **Second Report to the Council** offers recommendations to the Obama administration about how to improve the health and quality of life for individuals, families, and communities by shifting the nation's focus from a health care model based on treatment of disease to one based on prevention and wellness. The recommendations include: sustaining the anti-smoking investments made by the ACA's Prevention and Public Health Fund (§4002); promoting state Medicaid coverage of treatment and prevention programs for chronic diseases; and urging the IRS to incorporate "community building" activities into new regulations for non-profit hospitals.

The **letter to the IRS** sent by the Advisory Group is about the agency's proposed regulations regarding requirements under ACA §9007 and §10903 for charitable hospital organizations relating to financial assistance and emergency medical care policies.

View the webinar presentation from the meeting at: Healthcare

Secretary JudyAnn Bigby, M.D. was named to serve on the Advisory Group.

More information on the Advisory Group, including its members, can be found at: Moreinfo

EOHHS News

7/2/12 Massachusetts submitted comments to HHS/CMS on the proposed rule "Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Setting Requirements for Community First Choice." The proposed rule describes a Home and Community-Based Services state plan option, under 1915(i) of the Medicaid statute, which was originally authorized in 2005 and then enhanced by ACA §2402. This option allows states to provide Medicaid coverage for home and community-based services through the Medicaid State Plan without the use of a waiver. Under 1915(i), States can receive federal reimbursement for services that were previously only eligible for federal funding through a waiver or

demonstration.

The comment period has closed but a link to the May 3, 2012 Federal Register notice containing the proposed rule can be read at: http://www.gpo.gov/fdsys/pkg/FR-2012-05-03/pdf/2012-10385.pdf

The Massachusetts comment letter can be read online at the Massachusetts national health reform website under the State and Federal Communications section at: http://www.mass.gov/eohhs/docs/eohhs/healthcare-reform/state-fed-comm/120702-sec-2402-comments.pdf

Request for Responses from Integrated Care Organizations
On June 19, the Executive Office of Health and Human Services (EOHHS) issued a Request for Responses (RFR) to solicit proposals from Integrated Care Organizations (ICOs) to participate in the Duals Demonstration program. The purpose of this Demonstration is to improve quality of care and reduce health disparities, improve health and functional outcomes, and contain costs for dual eligibles. Under this program the selected ICOs will be accountable for the delivery and management of all covered medical, behavioral health, and long-term services and supports for their enrollees. The RFR and related appendices are posted at: www.mass.gov/masshealth/duals and on the state procurement website Comm-PASS (www.comm-pass.com) under the Document Number 12CBEHSDUALSICORFR.
Responses to the RFR will be due to EOHHS by 4:00 PM (EDT), July 30, 2012.

Read more at: Mass.Gov

Bookmark the **Massachusetts National Health Care Reform website** at: http://mass.gov/national health reform to read updates on ACA implementation in Massachusetts.

Remember to check http://mass.gov/masshealth/duals for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.